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Newsletter Spotlight



NATO Role 3 Hospital Update (see page 12)

Newsletter Editor

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LT B. Tice

LT J. Wagner

★ FROM THE MSC DIRECTOR ★



Greetings Medical Service Corps Officers!

I hope that each of you has been able to enjoy the summer with much-needed down time with family and friends. There is an accumulating body of scientific evidence confirming that an individual's health is directly related to physical as well as emotional well-being, and therefore has a direct effect on readiness. Therefore, be sure that you are balancing your work and play time!



Allow me to extend my congratulations to all of our MSCs who successfully screened for Executive Medicine and Milestone billets. The process is arduous and I'm grateful to these leaders for stepping up. As we continue down the road of transformation in Navy Medicine, having the right person at the right place at the right time has never been more important. The slating process will begin, soon, and we look forward supporting these leaders in their new endeavors.

Finally, I would like to thank CAPT Ray Stiff for serving as my Deputy in the Corps Chief's Office over these last 2 years. His dynamic leadership greatly advanced the mission of the MSC and I could not have done it without him. I am also happy to welcome CAPT Kim Ferland to the Corps Chief's Office as my new deputy. Please support her as you have me. She can be reached at Kimberly.a.ferland2.mil@mail.mil.

Thanks for all you do everyday!



CUSTOMS AND HERITAGE



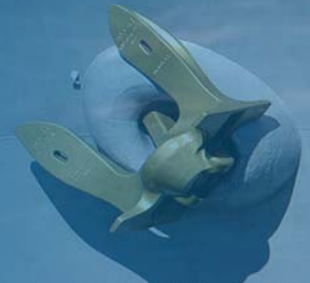
www.history.navy.mil

UNIT AWARDS A U.S. NAVY TRADITION

GOLDEN ANCHOR

Deployable ships are authorized to paint their anchors gold as a symbol of earning the award for sustaining superior levels of retention.

Also known as the Retention Excellence Award.



U.S. Naval Message: Navy Retention Excellence Award (FY 13)

BATTLE STREAMERS

Streamers evolved from antiquity, when armies placed sacred objects at the tops of poles. Today, streamers are attached to flags and used to recognize particular achievements or a ship's participation in an operation.

<http://www.history.navy.mil/faqs/faq45-1.htm>

20

Number of Engagement Stars earned by the USS Enterprise (CV 6), making her the most decorated U.S. ship of World War II.

<http://www.cv6.org/decoration/puc/puc.htm>



32

Number of unit awards earned by the USS Parche (SSN 683), making her "the most highly decorated vessel in U.S. history."

The Parche Association



COMMAND EXCELLENCE AWARDS

- E** Maritime Warfare
- E** Engineering/Survivability
- E** Command and Control
- H** Health and Wellness
- E** Logistics Management
- E** Ship Safety
- E** Efficiency Excellence

Surface Force Training Manual, Chapter 5, Section 1

Symbolizing superior readiness and performance in various areas, these color coded awards are painted prominently on a ship's bridge wings.



BATTLE "E"

One of the most prestigious unit awards is known as "The Battle Effectiveness Award," which recognizes sustained superior performances in an operational environment within a command.



Surface Force Training Manual, Chapter 5, Section 1

In Memoriam

Sherri Denise Moulton

Sherri Denise (Tillery) Moulton of Washington, DC passed away Sunday, July 29, 2018 in Washington.

Sherri was born on August 13, 1959 in Knoxville, TN. She married her high school sweetheart, Rear Admiral Terry Moulton, United States Navy, in 1982 and traveled the world serving our country in one of the hardest jobs in the military, a military spouse. Sherri was an incredibly compassionate woman who gave so much to so many in all of her family adventures. She was a proud mother of two wonderful sons and a grandmother of four beautiful grandchildren.

She will be profoundly missed by all who had the honor of knowing her. Sherri is survived by her husband of 35 years, Rear Admiral

Terry Moulton; son, Dustin Moulton; daughter-in-law, Shauna Moulton; grandchildren, Tasia Suggs, Ana Moulton, Wyatt Moulton, and Alexis Frith; mother, Mickey Tillery; sisters, Beverly Tate and Jennifer Ellison. She was preceded in death by her father, William Guy Tillery and son, Ryan Moulton.

A celebration of Sherri's life will be held on Thursday, August 9th at 10:00 a.m. at Hendersonville Funeral Home (353 East Main Street, Hendersonville, TN 37075), burial immediately following at Hendersonville Memory Gardens. In lieu of flowers, memorial contributions may be made to the Alzheimer's Association or a charity of choice in Sherri's name.



In Memoriam

CAPT Terry Irgens, MSC (Ret)

On Tuesday June 27th, 2018, Captain Terry Richard Irgens MSC, USN (Ret.) of Myersville, MD (hometown Williston, ND) passed away after a brief and courageous battle with appendiceal cancer at Frederick Memorial Hospital. He was proud of his family, his country and his many friends and colleagues. While he left this earth way before his time, he lived his life with honor, courage and faith to the very end and will be remembered for his extreme kindness and generosity in always trying to help others before himself.

Left behind to cherish his memory are his wife of 49 years, Karen Idamarie Irgens (Hovland); Son, Terry Richard Irgens Jr. "Rick" (Barbara) of Spencer, IA; Son, Bradley Keith Irgens (Michelle) of Gerradstown, WV; Daughter, Kimberly Jean Marie (Irgens) Rollison (Justin) of Leesburg, VA. Grandchildren Katlyn and Nathaniel (Rick); Hollin and Marit (Brad); James and Julia (Kimberly); Brother, Thomas Irgens (Judy) of Epping ND; Brother, Jim Irgens (Linda) Horseshoe Bay, TX; Sister, Linda Miller (Larry Kucera) of Williston, ND; Sister Lori Lutz (Tracy) of Williston ND. Brother in Law, Keith Hovland (Jean) of Canon City, CO; Brother In Law Rick Miller of Williston, ND; and 8 nieces and 7 nephews. Terry was preceded in death by his parents James T. and Nora A. (Johnson) Irgens of Williston, ND and his in laws Elmer and Irene (Borg) Hovland of Williston, ND.

Terry Graduated from North Dakota State University in 1969 with a Bachelors Degree in Pharmacy and then on July 30th, 1969, was commissioned as a LTJG into the United States Navy (Minneapolis, MN), ultimately serving almost 27 years, retiring on May 31, 1996 as Commanding Officer, Naval Medical Logistics Command at Fort Detrick, MD. Terry served in numerous locations including; Charleston, SC Naval Hospital, Newport, RI Naval Hospital, Bethesda Naval Hospital, Philadelphia Naval Hospital, The Defense Personnel Support Center (DPSC) Philadelphia, PA, the Navy Inspector General Team, Washington D.C., Groton, CT Naval Hospital and the Naval Medical Logistics Command, Fort Detrick, MD.

In 1975 he earned his Master's Degree in Hospital Administration and developed one of the first ever Computerized Pharmacy Dispensing Programs as his thesis project. Terry was inducted into the DPSC Hall of Fame in 1996 for his extraordinary leadership and support as Director of DPSC's Medical Materiel Directorate and for his continuous outstanding mission support throughout his tenure at DPSC - from 1990 to 1994. He led his Medical Materiel Directorate to refocus and reorganize its efforts to surpass all medical sale predictions. He implemented electronic data interchange and Prime Vendor into the directorate, which have

become synonymous throughout the federal government for saving money and improving customer service. He earned the National Defense Service Medal, Navy Commendation Medal (2), the Defense Meritorious Service Medal (2) and the Defense Superior Service Medal

After retirement from the Navy his many "second careers" included working for; Northrop Grumman; President, DynPort Vaccine Company; Director, The Armed Forces Institute of Regenerative Medicine (AFIRM); Program Manager, IBM and most recently he had returned to Pharmacy part time at Sam's Club where he loved to help his patients. Terry's parents owned a farm in ND and in 2004 he was able to purchase a farm directly adjacent to his parent's farm and began a wheat growing operation that he continued to operate with his family until his death.

Terry's dedicated service to his country and family were never overshadowed by his desire to help people in the community and was proud member of Rotary, Boys Town and spent years working with youth sports as league administrator, coach and referee in Washington Township, NJ. He loved watching his grandchildren participate in many school and sporting activities.

Terry's life will be celebrated on Monday, July 3rd 2018 at Zion Lutheran Church in Middletown at 11 a.m. with a family reception to follow at the church. Internment is planning at Arlington National Cemetery at a later date.

Donald B. Thompson Funeral Home, Middletown MD is in charge of arrangements. A memorial service will be held in Williston, ND in August during harvest, which was his favorite time of the year.

In lieu of flowers we ask that memorials be considered for Rotary International (my.rotary.org), the Wounded Warrior Project (woundedwarriorproject.org), or Farm Rescue of ND (farmrescue.org).



In Memoriam

Gabrielle Maria Klimkowski

Gabrielle Maria Klimkowski, the beloved daughter of Paul and Camilla Klimkowski was born into a Navy family. She grew up as a military child to include multiple moves and school changes, living on both east and west coasts, as well as outside the continental United States and overseas. She considered Northern Virginia her home.

She was proud to be a Mountaineer from West Virginia University and pursued her major as a Graphic Design artist. To Gabrielle family was very important. She was proud of her family's history of serving in the Military and her heart was always with the Navy. In her way, she continued to serve, as an employee at Duty First Consulting. A company that supports agencies of the federal government and our Veterans.

Gabrielle cherished her friends and maintained contact with them around the world. Many, who were especially dear to her heart, were right here in Arlington, Falls Church, and Fairfax, Virginia.



Finally, Gabrielle was keenly aware of animals with special needs. Some of the organizations, that she felt were beneficial are Friends of Homeless Animals and the Wounded Paw Project. Her interest led her to research their programs, their accomplishments, and to donate financially to show her support. Also, the American Society for the Prevention of Cruelty to Animals (ASPCA) was extremely important to her. It is a well established organization with a history of disclosure, a broad base of outreach, and many success stories. Therefore, if you find any of these organizations to be of interest, consider their work and show your support in honor of Gabrielle.

Contributions in Gabrielle's memory may be made to Friends of Homeless Animals, www.foha.org; Wounded Paw Project, www.woundedpawproject.org; and American Society for the Prevention of Cruelty to Animals, www.asPCA.org



INTRODUCING THE NAVY MSC APP

Both Android and iPhone compatible. Available via Google Play and the App Store.

To Download and use:

1. Go to your respective app store and Search “Navy MSC.”
2. Click “Get” and Download the app and allow it to load.
3. Once the app is downloaded, open it. One of the features of our app is that there are both secure and non-secure areas. To access the secure functions of the app (i.e. The Rudder), when selected, you will be prompted with MAX.GOV, login.
4. At the top of the MAX.GOV page there is a banner that says “Don’t have a MAX ID yet? And a button that says “REGISTER NOW”. Click the “REGISTER NOW” button.
5. Another screen will pop up asking if you want to register with your CAC card. You do not. Select “Register with User ID and Password”
6. Once you get to the registration screen, enter the required information. Ensure you use your military email address, as this is how the app verifies your ID.
7. MAX.GOV will send you an email confirming your account and will provide you an opportunity to create a password.
8. Once you have created an account, log in but do not click the “Max Secure+ SMS 2 factor” box. Enjoy all the content posted!

Please contact LT Beau Tice (beau.r.tice.mil@mail.mil) for content questions. For help with login, either email maxsupport@max.gov or call 202-395-6860



WMD/CBRN AQD & DUINS

BY: LCDR DAVID GRIBBEN

Future combat for the Navy and Marines will have three defining characteristics; it will be highly lethal, in austere conditions, and there will most likely be weapons of mass destruction (WMD) such as chemical, biological, radiological, and/or nuclear (CBRN) weapons. For this reason Navy Medicine is investing in building a community of experts who will prevail in CBRN operating environments at the tactical, operational, strategic level.

Two efforts are at the forefront of building this community; the WMD/CBRN AQD and the Full-Time In-Service Weapons of Mass Destruction and Chemical, Biological, Radiological, and Nuclear Weapons Defense Duty Under Instruction (DUINS) Fellowship Program

The aim of the WMD/CBRN AQD is to identify persons who have the formal education, field experience, operational relevancy, and necessary skills to prevail in a CBRN operating environment. Once awarded, WMD/CBRN specialist will be at the forefront of strategic guidance, operational planning, pertinent deployments/exercises, and future technology recommendations. At present, the AQD is approved for MSC and MC communities. The length of the award is indefinite; however, professional specialists must maintain their expertise through continuous learning opportunities at least once every three years.

The aim of the Full-Time In-Service Weapons of Mass Destruction and Chemical, Biological, Radiological, and Nuclear Weapons Defense Fellowship is to prepare the applicant for operational relevancy and leadership in the WMD/CBRN community. Fellows are given the opportunity to work at; a) the technical level through coordination with the various research and technology laboratories, b) the tactical level through numerous resident field based courses, c) the operational level through participation in Joint Planning and Exercises across the Globe, and d) the strategic level through coordination with the Joint Program Executive Office for Chemical and Biological Defense, Joint Staff, DHA, DTRA, SOCOM, OSD, OPNAV, and our Sister Services.

If you would like to know more about the WMD/CBRN AQD or the DUINS Weapons of Mass Destruction and Chemical, Biological, Radiological, and Nuclear Weapons Defense Fellowship the please visit <https://www.milsuite.mil/book/groups/navy-medicine-weapons-of-mass-destruction-defense/overview> or contact BUMED M94 at usn.ncr.bumedfchva.mbx.wmdd-office@mail.mil

INAUGURAL CLASS OF NAVY PA'S TO ATTEND BAYLOR DOCTOR OF SCIENCE GENERAL SURGERY RESIDENCY PROGRAM

BY: LT ADAM KISHMAN, PA-C, MSC, USN

Joint Base San Antonio, TX--Baylor University, in conjunction with the Army and Air Force welcomed the Navy's inaugural residents to the General Surgery Physician Assistant Program last month. LT Adam Kishman and LT Aimee Grande are attending the 18-month program, located at Brooke Army Medical Center in San Antonio, Texas.

Approved by the Office of the Surgeon General in 2012, the program combines over 4000 hours of surgical, critical care, trauma, and surgical subspecialty rotations. In addition, residents receive over 1200 hours of didactic instruction and hands-on simulation training, producing Physician Assistants who are capable of providing advanced surgical care across the Surgical Trauma and Trauma Critical Care spectrum.

Residents also participate in and conduct clinical research. The capstone requirement for the residency is the presentation of an Institutional Review Board approved research project to a board panel that includes faculty of the residency program and Baylor University.

Graduates of the program will be utilized to increase access to General Surgery and Trauma Critical Care across the range of military operations (ROMO). In garrison, they will maintain readiness by serving in Surgical Specialty care, which will result in increased access to care in General Surgery Departments in Navy Medical Treatment Facilities.

The program's vision is to be the benchmark for post-professional physician assistant education through the pursuit of academic and clinical excellence in surgical and trauma care. Graduates, as leaders in allied health, strive to advance surgical and trauma care through professional development, peer education, clinical research, and scientific inquiry.



JBSA, TX- From left to right: Navy General Surgery Physician Assistant Residents LT Aimee Grande and LT Adam Kishman.



MSC Detailers

CAPT Shane Vath (Senior MSC
Detailer/HCC/Med Techs)

Email TBD

(901) 874-3756

CDR Rona Green (HCA)

Rona.green@navy.mil

(901) 874-4120

CDR Steve Griesenbeck
(HCS/PAs)

John.s.griesenbeck@navy.mil

(901) 874-4115

FROM THE DETAILERS

Projected Rotation Date (PRD) Extension Information

For MSC Officers, PRD extension requests are submitted to PERS-4415:

- All requests should be emailed along with your Command's endorsement to the PERS-4415 email address: pers_4415_prds@navy.mil
- DO NOT include your Social Security Number (including last 4) in a PRD extension request.
- Please include a Command Point of Contact (POC). All PRD extension approvals or disapprovals from PERS-4415 will be sent to the requesting Officer and this Command POC via e-mail.

Please utilize the links below for more information. We have included a sample request letter template. Please do not hesitate to contact us if you have any questions.

MILPERSMAN 1301-104

<http://www.public.navy.mil/bupers-npc/reference/milpersman/1000/1300Assignment/Documents/1301-104.pdf>

PRD Extension Request Template:

http://www.public.navy.mil/bupers-npc/officer/Detailing/rlstaffcorps/medical/documents/prd_extension_request_template.docx

NEW SENIOR MSC & CLINICIAN DETAILER

PERS-4415 welcomes CAPT Shane Vath & CDR Steve Griesenbeck who are coming to us after completing tours at Naval Hospital Okinawa, Japan and 3D Medical Battalion, respectively. CAPT Vath is in the process of turnover with CAPT Jody Dreyer. His phone number will be 901-874-3756 and his email will be distributed once an account is established. CAPT Dreyer is transferring 8 June to USNS Comfort (T-AH 20) where he will report as the XO. We would like to wish both CAPT Dreyer and CDR Wilhite fair winds and following seas! Bravo Zulu for a job well done!

RECENT MESSAGES OF INTEREST

158/18	BLENDED RETIREMENT SYSTEM ENROLLMENT PERIOD AND CONTINUATION PAY	7/2/2018
160/18	NAVY DIETITIAN SUPPORT TO OPERATIONAL FORCES	7/10/2018
163/18	NAVY UNIFORM POLICY AND UNIFORM INITIATIVE UPDATE	7/11/2018
170/18	POST 9-11 GI BILL UPDATES	7/16/2018
173/18	243RD U.S. NAVY BIRTHDAY PLANNING ORDER	7/20/2018
178/18	ACTIVE DUTY PROMOTIONS TO THE PERMANENT GRADES OF CAPTAIN, COMMANDER, LIEUTENANT COMMANDER, LIEUTENANT, AND CHIEF WARRANT OFFICERS IN THE LINE AND STAFF CORPS	7/24/2018

SPECIALTY SPOTLIGHT

OCCUPATIONAL THERAPY

CDR LEAH GEISLINGER, SPECIALTY LEADER

WHO WE ARE

Occupational Therapy (OT) is a diverse clinical profession specializing in the enhancement of human performance, operational readiness and facilitating independence, with primary military mission focused on speedy return of the Warfighter to full duty. Occupa-



LT Timothy Ruff works with a patient in the Activities of Daily Living Apartment, NMC San Diego, CA.

tional Therapists are licensed independent practitioners that use meaningful life activities (those activities that occupy one's life) such as self-care activities, work, taking care of others and educational or leisure pursuits to improve function. By analyzing occupational roles, OTs improve and restore a person's functional abilities that have been impacted as the result of disease, injury, mental, behavioral or developmental problems.

Few livelihoods are as physically demanding as those in the Navy and Marine Corp. In today's Navy and Marine Corp, Occupational Therapists rehabilitate and retrain our nations wounded ill and injured service members, providing cutting-edge evidenced

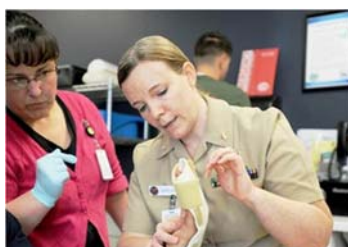


LT Jason Jensen fabricating a custom static volar wrist orthosis (i.e. splint). NH Jacksonville, FL.

based therapeutic interventions to minimize the disruption or impairment to functional performance and occupations, ultimately resulting in our Warfighter's return to duty.

WHAT WE DO

Occupational Therapy is a diverse profession. Navy OTs provide care across the lifespan to a wide range of patient populations that include, active duty service members, their families, reservists and our retirees. Navy OTs work in multiple settings within the military healthcare systems with practice areas in physical disabilities, mental and behavioral health, pediatrics,



CDR (ret) Shanna Garcia fabricating a custom dorsal blocking orthosis (splint) for a post-operative flexor tendon repair patient. NH Camp Lejeune,

academics, and research. Additionally, you can find Navy OTs supporting Humanitarian Civic Assistant programs like Pacific Partnership, Mobile Medical Training Teams, and OTs who have deployed in support of Operation Enduring Freedom.

One of OT's military missions is in orthopedic and upper limb rehabilitation, commonly referred to as Hand Therapy. In this practice area OTs evaluate and treat a variety of orthopedic and neurologic injuries such as upper extremity fractures, tendon and nerve lacerations, tendonitis, ligament tears and nerve compressions. Additionally, OTs are highly skilled and trained in fabrication and fitting of custom made orthotics (i.e. splints). Frequently, when working in Hand Therapy, OTs also support inpatient services as part of their tertiary care at the Military Treatment Facilities and Naval Hospitals.

Unique to the Navy is the role OT plays with the pediatric population. The Navy is the only military service that has active duty OTs providing the early intervention and related school based services within the DoD school system. This meets federally mandated law and provides our overseas beneficiary population with needed special education services. Navy OTs are responsible for treating both infants and children, and are key members on the inter-

"In today's Navy and Marine Corps, Occupational Therapists rehabilitate and retrain our nations wounded ill and injured service members...ultimately resulting in our Warfighter's return to duty."

Occupational Therapy

Subspecialty Code - 1874
Billets - 33
End Strength - 36

“Unique to the Navy is the role OT plays with the pediatric population. The Navy is the only military service that has active duty OTs providing the early intervention and related school based services within the DoD school system”

disciplinary team in the Educational & Developmental Interventions Services (EDIS) program. This client population includes infants aged 1-21 months and elementary school-aged children with isolated developmental delays, and those with more complex medical conditions such as cerebral palsy, autism and behavioral/emotion disorders. Occupational Therapists individually tailor the evaluation and treatment methods based on the interaction of the disability, the developmental level, and chronological age of the child. In coordination with family members, teachers and other providers OTs plan and deliver services in accordance with the Individualized Family Service Plan and the Individual Educational Plan.

During the height of Operation Iraqi Freedom and Operation Enduring Freedom Navy OT returned to its roots to support of service members with mild traumatic brain injuries (mTBI). Over time, this expanded into support for psychological health, including post-traumatic stress disorder (PTSD) and more re-



LT Tara Wisbauer working on fine motor activities with a student in the classroom in support of her educational needs. Iwakuni, Japan



LT Angela Sadosky presented “Role of OT in Burn and Poly-trauma. Pacific Partnership 2018, Vietnam.

cently pre-clinical psychological stressors. Occupational Therapists are able to assess how psychological stressors affect the ability to successfully participate in everyday occupations and develop compensatory strategies or accommodations needed to mitigate this impact. Occupational Therapy interventions focus on minimizing psychological stressors while promoting positive psychological health through competency enhancement (skill development, task adaptation, environmental supports, and meaningful occupations). Occupational Therapists are also able to build resiliency and mental toughness through the use of relaxation strategies, establishing habits and routines that support adequate sleep, physical activity, time for relationships and task accomplishment.

In the treatment of TBI, OTs focus on a person’s executive function skills and their ability to complete complex cognitive and behavioral tasks. Executive functioning can be viewed as the brain’s

“command and control” abilities and is needed to manage a wide range of life skills such as getting dressed, planning one’s day, completing work tasks and successfully managing unique and novel situations. Occupational Therapists use work and functional tasks to help identify areas of executive dysfunction, and then work to restore a person’s functional performance through the remediation of underlying component skills, developing compensatory strategies or adapting the environment to promote independence.



Then LT Leah Y. Geislinger, fabricating a custom static progressive orthosis (splint). Pacific Partnership 2009, Solomon Islands.



LCDR Melissa Parkes makes a splint for an electrical shock injury victim. Pacific Partnership 2016, Vietnam.

“Occupational Therapists use work and functional tasks to help identify areas of executive dysfunction, and then work to restore a person’s functional performance ...”

WHERE WE SERVE

Today, there are 33 occupational therapy billets serving in the United States Navy, from coast to coast and overseas in Japan and Guam.

Occupational Therapists are stationed at the big three Military Treatment Facilities: Naval Medical Center San Diego, Naval Medical Center Portsmouth and Walter Reed National Military Medical Center and at multiple Naval Hospitals across the country. Occupational Therapists serve OCONUS in mainland Japan, Okinawa, and Guam. Navy OT also has an instructor billet in San Antonio, in support of the tri-service Occupational Therapy Assistant Program. Additionally, Navy OTs have served aboard the USNS Mercy, providing subject matter expertise, education and training to our host nations and medical support

during humanitarian civic assistance missions. Occupational Therapists have deployed to Afghanistan, and most recently served at Guantanamo Bay, Cuba.

Navy Occupational Therapy Officers are proven force multipliers and have been assigned in diverse leadership roles. They have served successfully as Executive Officers, Officers in Charge, and Directors for Clinical Support Services and Department Head positions. Occupational Therapists have also supported non-traditional roles. For example, CAPT Kimberly Ferland was assigned to the NATO Centre of Excellence for Military Medicine, and other OT officers have served as the Command Managed Equal Opportunity (CMEO) officer, and the Command Suicide Prevention Officer.

THE FUTURE AND BEYOND

In closing, military OTs trace their roots to WWI, when as reconstruction aides they provided care to over 148,000 wounded service members utilizing activities to restore function and occupations. Our future is in our past, doing what we do best – Supporting the Warfighter. Our military role is the direct support of the Warfighters through partnerships to ensure human performance, readiness and return to duty. To answer this call, Navy OT is focused on expanded areas of practice within psychological and mental health, partnering with Navy Psychology and Navy Social Work to address the increasing need for support to the Warfighter with psychological stressors, to build resiliency, and prevent injury.



EXEVAL TEAM



Vigorous Warrior 2015 - Hradec Kralove



Top left picture: CDR Maria Barefield and Rehabilitation Team, NATO Role 3, Kandahar, Afghanistan. Top right picture: LCDR Elizabeth Corales NATO Role 3, Kandahar, Afghanistan. Bottom left picture: CAPT Kimberly Ferland, XO for Exercise Vigorous Warrior 2015, NATO Medical Exercise. Bottom right picture: LT Angela Sadosky fabricating a custom orthosis (splint) at a Pediatric Burn Rehabilitation Center. Pacific Partnership 2018, Vietnam.

MSCs IN FOCUS



Kisumu, Kenya—CDR Joe DiClaro providing instruction to African military on military uniform treatment with permethrin arthropod repellent using individual dynamic absorption (IDA) kits aka "shake and bake" and proper personal protective equipment (PPE) for pesticide applications. LCDR DiClaro participated in AFRICOM's Africa Malaria Task Force (AMTF) training in Kisumu, Kenya 9-21 July 2018. The Africa Malaria Task Force (AMTF) objective is to strengthen/expand military malaria control programs, encourage and support integration of the program into the partner nations National Malaria Control Program in order to reduce the impact of malaria on partner nations and support military force health protection measures.



USNH Yokosuka, Japan - United States Naval Hospital Yokosuka, Japan Change of Command with Educational and Developmental Intervention Services (EDIS) staff members. Left to right: LT Greg Loftis, Occupational Therapist; Ms. Ashley Simpson, ECSE; Mrs. Tracy Montgomery, Admin assistant; Mrs. Kathy Olson, Clinical Social Worker;

Crow Valley, Philippines - LT Brittany A. Hout, Physician Assistant, from 3rd Medical Battalion is pictured with CDR Justin Campbell (POMI) from the 1st Marine Air Wing at Crow Valley, Luzon Philippines during the 34th Joint/Combined exercise Balikatan 2018. LT Hout was a provider at the FRSS/STP in CERAB supporting live fire exercises involving over 600+ Joint U.S. and Combined Philippine armed forces. CDR Campbell was the Joint Surgeon for the overall exercise, planning and supervising health services support to over 6,000 Joint US service members in 12 areas of operation.

NATO ROLE 3 MMU

BY: CAPT KARLA LEPORE, EXECUTIVE OFFICER



NursesWeek: Sierra Rotation Nurses at the NATO Role Multinational Medical Unit at Kandahar, Airfield, Afghanistan

Greetings from the North Atlantic Treaty Organization (NATO) Role 3 Multinational Medical Unit Sierra Rotation in Kandahar, Afghanistan! The "heat is on" quite literally (feels like Twentynine Palms). We have continued to be busy, and currently we are under a heightened state of readiness, which means ensuring that all our PPE is within five minutes reach at all times.

I know that you are concerned about your Sailors' well-being. Please rest assured that the Sierra Triad, Directors, Department Heads and Leading Petty Officers are too. Based on our recent DEOCS, the crew is doing quite well. We will continue to "lean forward" and strive toward positive growth for every individual as a result of this deployment. In direct support of the same, we have been able to obtain part-time base Chaplain support in the form of regular office hours here at the MTF. Likewise, July will bring outreach at the Directorate level by the Army Combat Stress Control LCSW in the form of positive coping skills information. We will also be completing our required mid-deployment Mental Health Assessments and follow-up as indicated beginning in July.



Sierra Rotation members at the Hospital Corpsman Birthday celebration at the NATO Role Multinational Medical Unit at Kandahar, Airfield, Afghanistan

To help provide an overview, there has been a medical unit in Kandahar Afghanistan since 2002. At that time it was an Army Role 2E facility. In 2010 the new Role 3 hospital was constructed. The hospital is a 62,000 sq ft hardened structure and is rocket resistant. The hospital is staffed for three trauma teams, four OR teams and a 13 bed ICU. There are ancillary services consisting of Pharmacy, Radiology (with two CT scanners), Physical Therapy, and a Laboratory (with an active walking blood bank and platelet collection).

In the past, American service men and women fought against the Taliban (TB) and there were hundreds of casualties. Currently, the Kandahar Airbase is part of TAAC-South. Each region of Afghanistan has a "TAAC" -this stands for Train, Advise, and Assist Command, and is run by the Army. The mission of this base is to train the Afghan fighting forces (and there are a few, much like our military) to fight on their own against the TB. Our base helps train Afghan Special Forces to conduct missions and Afghan pilots to fly the UH-60s. Most of the casualties we see are Afghan and Coalition Forces.



Hospital Corpsman Birthday Celebration at the NATO Role Multinational Medical Unit at Kandahar, Airfield, Afghanistan

Coalition Forces: The Kandahar Air Field (KAF) has reduced significantly in size since its heyday in 2010-2012 but there is still a strong presence of coalition forces. There is a large contingent of Romanian Forces who patrol the area outside the base (Ground Defense Area - GDA) and a large group of Bulgarian forces who provide security to the Entry Control Points (ECPs) to KAF and provide security on the base itself. There is a small contingent of Australian Forces doing intelligence and Polish contractors who provide the ambulance and patient movement services from the MEDEVAC/CASEVAC to the Role 3. British contractors run one of the firefighting units, members from Uganda man the surveillance towers along the base perimeter, and each unit (including ours) have Afghan Linguists assigned.

Additionally, there are other contractors on base from over 60 countries who work for DynCorp's and OSS who work the laundry facilities, housekeeping, waste facilities, engineering, vector control and much more. There are teams of US military forces who execute missions to eliminate and/or deter the TB as well.

The hospital itself is amazing and so well built that we often forget we often forget are in a combat zone. It is truly run like a small MTF and we have most of the same committees, reports, standards and collateral duties as out stateside counterparts. The American and Coalition patients we receive do not stay at our facility for too long.

We perform immediate surgeries and then are able to transfer them to a Role 4 or Role 5 facility (Landstuhl or CONUS). The Afghan forces (coalition) we see are here for a longer period of time but once they are stable, they are transferred to the Kandahar Regional Military Hospital (KRMH). This hospital is outside the wire about 5

kilometers and we have a good relationship with their leadership and some of the providers. KRMH treats all the Afghan wounded, most of which are transferred from our facility. We are able to provide surgeries (amputations, skin grafts, neurosurgery, etc..) and once the patient is stable and recovering they transfer. KRMH does the best with what supplies and training they are given, but it feels like a hospital we would have imagined form 60 years ago. Their supply chain is not completely functional and their methods of care are very dated.

Lastly, we have been blessed with an amazing self-organizing, professional, and talented group of Officers and Enlisted. They truly are able to provide the 'best care, anywhere'. The Romanians, Army, Bulgarians and OGA's have often commented that they are more confident in their missions knowing the world class care they will receive if wounded!



Picture on top: Role 3 nurses visit Kandahar Regional Military Hospital. Bottom left: Kandahar Regional Military Hospital OR. Bottom right: Kandahar Regional Military Hospital ER

MSCs IN FOCUS



Fort Detrick, MD - CDR William Kelly (2nd from left) and LT Shelli Green (4th from right) of Defense Health Agency, MEDLOG Division, are pictured at the retirement ceremony of LTC Charles "Scott" Kuhens, Army Nurse Corps with Army and Air Force committee members. CDR Kelly recited "Old Glory" and led the ten member flag detail, while LT Green served as retirement committee coordinator and Master of Ceremony during the event.

PERSONNEL RECOVERY ACADEMY

Return with Honor



Spokane, WA - SERE Psychologist attending the annual Joint Personnel Recovery Agency (JPRA) refresher training in Spokane, Washington. Back (L-R): LT Joel Snider, LT Dan Babskie, CAPT Gary Hoyt, CAPT George Steffian, CDR Susan Malboeuf, CDR Raymond Nairn, LT Kyna Pak, and LCDR Katherine Pierce. Front (L-R): LT Nnamdi Ohaeri, LCDR Manny Gonzalez, LCDR Nick Guzman, LT Elizabeth Whipple

June 2018 Crossword Puzzle

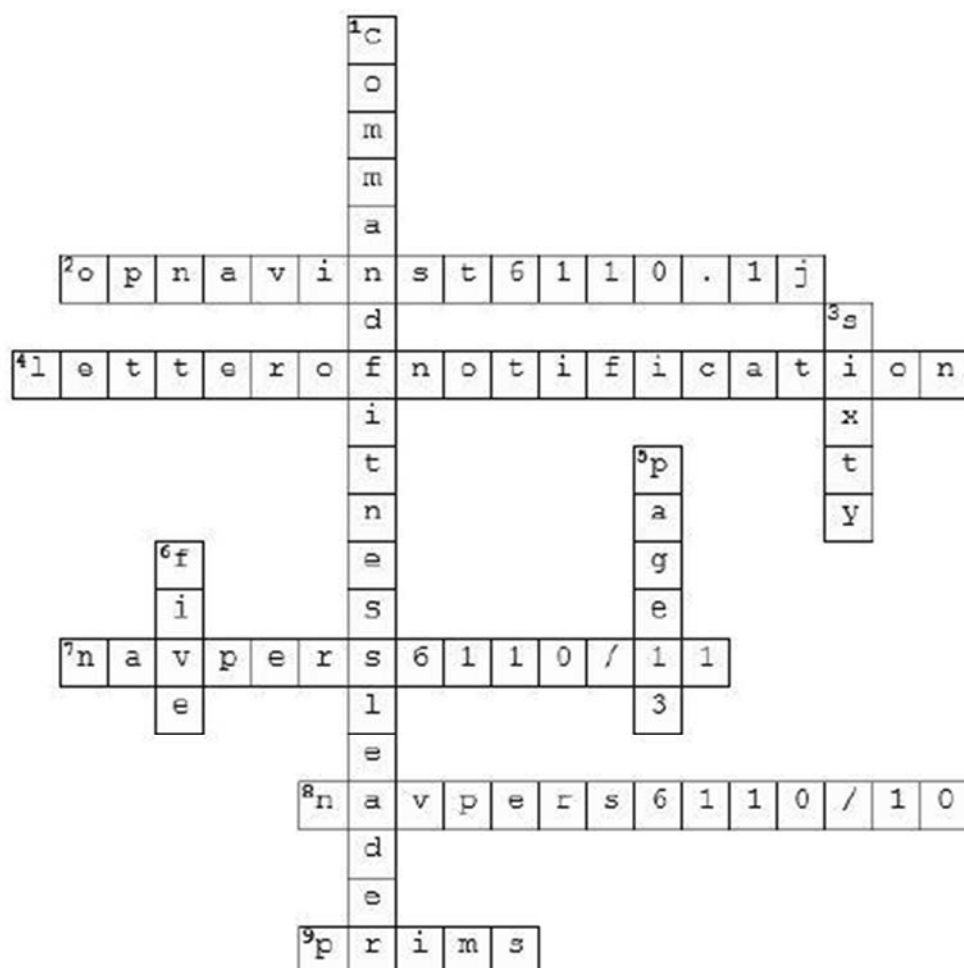
WINNER: LT Brendan H. Good, MSC, USN

Down

- The primary advisor to the commanding officer on all Physical Readiness Program matters
- Up to how many days do members have after a Physical Fitness Assessment (PFA) cycle to verify that their PFA record is accurate? (Hint: Spelled out)
- Given to all enlisted personnel upon failure to meet Physical Fitness Assessment (PFA) standards
- How many days must Commanders administer Body Composition Assessment (BCA) spot checks on all newly reported Sailors to ensure members are within the graduated BCA standards? (Hint: Spelled out)

Across

- Navy Physical Readiness Program Instruction
- Given to all officers upon failure to meet Physical Fitness Assessment (PFA) standards
- Official Physical Readiness Test (PRT) score sheet
- Official Body Composition Assessment (BCA) score sheet
- An official military record and is the only approved means of organizing and documenting Physical Readiness Program information (abbreviated)



July 2018 Crossword Puzzle

By: LT Rommel Rabulan

Answers DO NOT have spaces

Sexual Assault Prevention and Response Program (Part 1)

Down

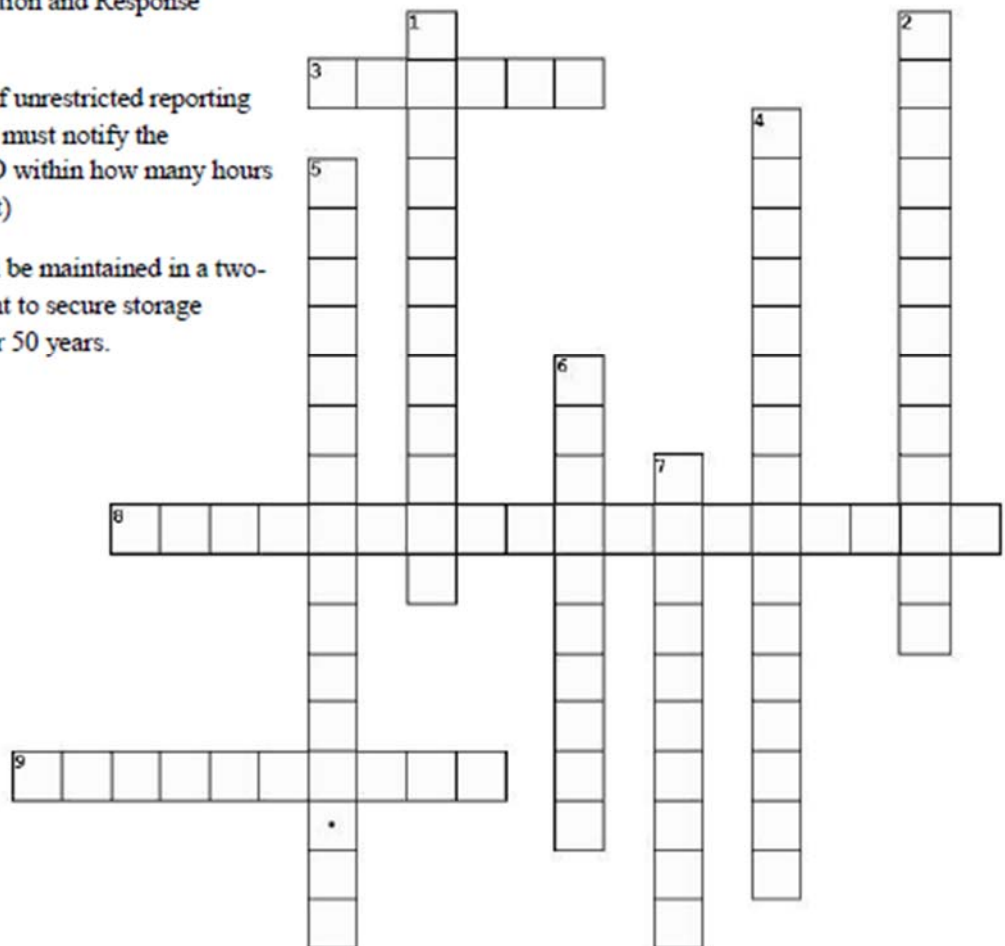
1. Monitors and analyzes sexual assault data and trends, tracks implementation of SAPR initiatives and requirements by subordinate commands, and services as liaison between subordinate commands and chain of command regarding all aspects of the SAPR program implementation. (Hint: Plural)
2. Serves as the subject matter expert and principle POC for the assigned region and CNIC regarding all reported sexual assaults within the designated AOR. (Hint: Plural)
4. Type of report that does NOT trigger an investigation and is only available to Service members and adult military dependents.
5. Navy Sexual Assault Prevention and Response Program Instruction
6. Upon the victim's election of unrestricted reporting via the DD Form 2910, SARCs must notify the installation CO and victim's CO within how many hours of the report? (Hint: Spelled out)
7. For restricted cases, this will be maintained in a two-lock, protected location pursuant to secure storage regulations and privacy laws for 50 years.



Across

3. A victim may _____ a restricted report to an unrestricted report.
8. Type of report that triggers an official investigation of the allegations, command notification, VWAP rights and additional command protective actions, and allows eligible sexual assault victims access to medical treatment, legal services, and counseling.
9. Sexual Assault Advocate Certification Program

Scan and email your answers to rommel.r.rabulan@navy.mil. The winner will be recognized and answers provided in the next edition of The Rudder.



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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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